# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



 $MMMCharlotte-\#9627-v1\text{-}Form\_D\_-\_NC\_\&\_SEC\_for\_Bridge.DOC$ 

FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMAD	APPROVAL
UIVLD	AFFRUVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden

SEC USE ONLY

Prefix

Serial

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Senior convertible promissory notes with accompanying stock purchase warrants
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] UEOE
Type of Filing: [X] New Filing [] Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  Peak 10, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code)  8910 Lenox Point Dr., Suite A, Charlotte, NC 28273  Telephone Number (Including Area Code)  (704) 264-1010
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as above.
Brief Description of Business  Development, build-out and management of Internet Data Centers in order to provide co-location, connectivity, and web hosting services to business customers.
Type of Business Organization
[X] corporation [] limited partnership, already formed [] other (please specify):
[ ] business trust [ ] limited partnership, to be formed DEC 0 1 2003
Month Year THOMSON
Actual or Estimated Date of Incorporation or Organization:  [03] [00] [X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) [D][E]
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: [X]Promoter [Beneficial Owner [Executive Officer Box(es) that Apply: [X]Promoter Beneficial Owner B
Full Name (Last name first, if individual) Kottyan, Nicholas L.
Business or Residence Address (Number and Street, City, State, Zip Code) 8910 Lenox Point Dr., Suite A, Charlotte, NC 28273
Check Box(es) that Apply: [X] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Bowen, Lawrence D.
Business or Residence Address (Number and Street, City, State, Zip Code) 4905 Belfort Road, Suite 145, Jacksonville, FL 32256
Check Box(es) that [X] Promoter [] Beneficial [X] Executive Officer [X] Director [] General and/or Apply: Owner
Full Name (Last name first, f individual) Jones, David H.
Business or Residence Address (Number and Street, City, State, Zip Code) 8910 Lenox Point Dr., Suite A, Charlotte, NC 28273

Check Box(es) that Apply:	[]	Promoter	[ ]	Beneficial Owner	[]	Executive (	Officer	[ X ]	Directo	r []		ll and/or ing Partner
Full Name (Last name	first, if	individual)	Branc	don, Kevin	J.							
Business or Residence	Addres	s (Number	and St	reet, City, S	State, Z	ip Code) <b>19</b> 9	Water	r Street	t, 20 <sup>th</sup> Flo	oor, Ne	w York,	NY 10038
Check Box(es) that Apply:	[]	Promoter	[ ]	Beneficial Owner	[ ]	Executive (	Officer	[ X ]	Directo	r []		l and/or ing Partner
Full Name (Last name	first, if	individual)	Richa	rd T. Mac	lean							
Business or Residence	Addres	s (Number	and St	reet, City, S	State, Z	ip Code) <b>525</b>	N. Tr	yon Str	eet, Suit	e 1706,	Charlott	te, NC 28202
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive (	Officer	[ X ]	Directo	r [ ]		l and/or ing Partner
Full Name (Last name	first, if	individual)	Willia	ım F. Redo	lersen							
Business or Residence	Addres	s (Number	and St	reet, City, S	State, Z	ip Code) 8 O	cean P	oint No	orth, Hil	ton Hea	ad, SC 2	9928
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[ ]	Executive Officer	[X]	Directo	or	[]		l and/or ing Partner
Full Name (Last name	first, if	individual)	Broyl	ıill, M. Hu	nt							
Business or Residence	Addres	s (Number	and St	reet, City, S	State, Zi	p Code) P.O	). Box 5	500, 80	0 Golfvie	w Parl	κ, Lenoir	NC 28645
			(See .	Attachmen	it to Se	ction A atta	ched h	ereto.)				
			B	INFORM	TION	ABOUT O	FFERI	NG			<del></del>	
	<u></u>			II VI OILIVI	1110	indeer e.	11214	110			Vac	No
1. Has the issuer sold,	or does	the issuer i	ntend t	o sell, to no	on-accr	edited invest	ors in tl	his offe	ring?		Yes [ ]	No [ <b>X</b> ]
Answer also in Append	dix, Col	umn 2, if f	iling ur	ider ULOE								
2. What is the minimum	m inves	tment that	will be	accepted fr	om any	individual?.					\$ N/A	
3. Does the offering pe	rmit joi	int ownersh	ip of a	single unit	?		•••••				Yes [X]	No [ ]
4. Enter the informatio indirectly, any commis securities in the offerin registered with the SEG persons to be listed are that broker or dealer or	sion or ng. If a p C and/or associa	similar ren person to be r with a sta	nunerat e listed te or sta	ion for soli is an assoc ates, list the	citation iated pe name	of purchases erson or agen of the broker	rs in co it of a b or dea	nnectio roker o ler. If n	n with sa r dealer nore than	five (5)	)	
Full Name (Last name	first, if	individual)										
Business or Residence	e Addre	ess (Numbe	r and S	treet, City,	State, 2	Zip Code)		· · · · · · ·	<del></del> <del></del>			

Name	of Assoc	iated Bro	ker or De	ealer								
States	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers											
States	States in which reison Listed has solicited of interior to solicit ruichasers											
(Check	"All Stat	es" or ch	eck indivi	idual Stat	es)					[ ]	All States	S
ī J	[AK]	[AZ]X		7 -		[CT] X				[GA] X		[ID]
[IL] X [MT]	[IN] <b>X</b> [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME]		X [MA]				[MO] <b>X</b> [PA] <b>X</b>
[RI]	[SC] X		[TN]	[TX]X	-	[VT]		[WA]		[WI] X		[PR]
Full Na	me (Last	name firs	st, if indiv	idual)								
			ddress (N		nd Street,	City, Sta	te, Zip C	ode)				
			ker or De Listed Ha		d au Inton	da to Cal	iait Dunal					
States	in which	rerson i	Listed Ha	s sonche	a or imen	ids to Son	ich Purci	iasers				
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(Check	All State	es of cir	eck indivi	duai Stat	es)					L J	All States	S
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Las	t name fi	rst, if ind	ividual)								
Busine	ess or Res	idence A	.ddress (N	lumber aı	nd Street,	City, Sta	te, Zip C	ode)				
Name	of Assoc	iated Bro	ker or De	aler			· •					
			Listed Ha		d or Inten	ds to Sol	icit Purch	nasers		<u> </u>		
(Check	"All State	es" or che	eck indivi	dual State	es)					[ ]	All States	3
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and total amount already sold. Enter "0" if answer is "none" or "zero." If t transaction is an exchange offering, check this box " and indicate in the columbelow the amounts of the securities offered for exchange and already exchanged	he ns	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 2,000,000	\$ 1,000,000
Equity	\$ 0	\$ 0
[ ] Common [ ] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$0	\$ 0
Other (Specify:).	\$0	\$ 0
Total	\$ 2,000,000	\$ 1,000,000
Answer also in Appendix, Column 3, if filing under ULOE.		
purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who has purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ve Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	3	\$ 1,000,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
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Regulation A	\$	
Rule 504	\$	
Total	\$	
a. Furnish a statement of all expenses in connection with the issuance and stribution of the securities in this offering. Exclude amounts relating solely to ganization expenses of the issuer. The information may be given as subject to ture contingencies. If the amount of an expenditure is not known, furnish an timate and check the box to the left of the estimate.		
Transfer Agent's Fees	[ ] \$	
Printing and Engraving Costs	[] \$	
Legal Fees	[X] \$ 25	5,000
Accounting Fees	[]\$	
Engineering Fees	[ ] \$	
Sales Commissions (specify finders' fees separately)	[]\$	
Sales Commissions (specify finders fees separately)		
Other Expenses (identify):	[ ] \$	
	[ ] \$ [X]\$	
Other Expenses (identify):	[X]\$ — Question 1 and usted gross \$1,	975,000
Other Expenses (identify):  Total	[X]\$ — Question 1 and usted gross \$1,	975,000
Other Expenses (identify):  Total  Enter the difference between the aggregate offering price given in response to Part C all expenses furnished in response to Part C — Question 4.a. This difference is the "adjuceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, furnishimate and check the box to the left of the estimate. The total of the payments listed metals are considered.	[X]\$ — Question 1 and usted gross \$1,	975,000  Payments To Others
Other Expenses (identify):  Total  Enter the difference between the aggregate offering price given in response to Part C all expenses furnished in response to Part C — Question 4.a. This difference is the "adjuceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, furnishimate and check the box to the left of the estimate. The total of the payments listed metals are considered.	ed to be h an ust equal love.  Payments to Officers, Directors, &	Payments To
Other Expenses (identify):  Total  Enter the difference between the aggregate offering price given in response to Part C all expenses furnished in response to Part C — Question 4.a. This difference is the "adjuceeds to the issuer."  Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, furnishmate and check the box to the left of the estimate. The total of the payments listed me adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above the payments and the control of the payments listed me adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the issuer set forth in response to Part C - Question 4.b above the payments are proceeds to the p	ed to be h an ust equal love.  Payments to Officers, Directors, & Affiliates	Payments To Others
Other Expenses (identify):  Total	Question 1 and usted gross \$ 1, ed to be han ust equal pove.  Payments to Officers, Directors, & Affiliates  [] \$	Payments To Others

Total Payments Listed (column totals added)	[X] \$ 1,975,000		
Column Totals	[]\$	[X] \$1,975,000	
	[]\$	[]\$	
Other (specify):	[]\$	[]\$	
Working capital	[]\$	[X] \$1,975,000	
Repayment of indebtedness	[]\$	[]\$	
securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$	

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17.		Jr.K.	AL	211	L T I Y	А	LUK	P.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under, <u>Rule 505</u> the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of <u>Rule 502</u>.

Issuer (Print or Type)	Signature	Date
Peak 10, Inc.	Rom	1112112002
A	TTENTION	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

and the state of t	No [X]

E STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Peak 10, Inc.	Leel	11/21/2003
Name of Signer (Print or Type)	Title (Print or Type)	
	Attorney, signing on David H. Jones, Pres	behalf of ident of Peak 10, Inc.

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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## APPENDIX

1	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state	4  Type of investor and amount purchased in State				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
	(Part B-Item 1) (Part C-Item			a	Part C-I	(Part E-Item 1)				
State	Yes	No	Senior convertible promissory notes with accompanying stock purchase warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		X							X .	
AK		X							Y	
ΑZ		X							X	
AR		X							X	
CA		X			•••				X	
СО		X							Y	
CT		X							X	
DE		X		·					X	
DC		X							X	
FL		Y							v	
GA		_X							Y	
HI		X							X	
ID		X							X	
IL		_X		· · · · · · · · · · · · · · · · · · ·	<del></del>				Y	
IN		X							Y	
IA		_X					i		Y	
KS	!	X							X	
KY		_X							x	
LA		X							X	
ME		X							x	
MD		X							X	
MA		X	<u> </u>						X	

1	2 3  Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			a	4 Type of involumount purcha (Part C-It	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Senior convertible promissory notes with accompanying stock purchase warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MI		X							Y
MN		X							_ X
MS		X							Y
МО		X							Y
MT		X		<del> </del>					X
NE		<u> </u>		··· =		<u> </u>			<u> </u>
NV		X							X
NH	<u>"</u>	X		·····	<u></u>		· · · · · · · · · · · · · · · · · · ·		X
NJ		X							Y .
NM		X			*****				Y
NY		X	1,764,706	2		0	0		Y
NC	<u></u>	X	235,294	1		0	0		X
ND		X					-		Y
OH_		X				1			X
OK OR		X							Y
OR D.A	-	X							X
PA	· · · · · · · · · · · · · · · · · · ·	X							X
RI cc	*	X							X
SC		X							<u> </u>
SD		X		<del></del>	· <del></del> ,				X
TN TX		X X							X X

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Senior convertible promissory notes with accompanying stock purchase warrants	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
UT		X							Y
VT		X							X
VA		X							X
WA		X							Y
WV		X							X
WI		X							X
WY		X							X
PR		X		<u> </u>			L		X

### Attachment to Section A

## (Basic Identification Data continued)

[X] Executive Officer

Full Name: Brian J. Noonan

Business or Residence Address: 8910 Lenox Point Dr., Suite A, Charlotte, NC 28273

[X] Executive Officer

Full Name: Jeff Spalding

Business or Residence Address: 8910 Lenox Point Dr., Suite A, Charlotte, NC 28273

[X] Executive Officer

Full Name: Frank Mobley

Business or Residence Address: 8910 Lenox Point Dr., Suite A, Charlotte, NC 28273

[X] Beneficial Owner

Full Name: Seaport Capital Partners II, L.P.

Business or Residence Address: 199 Water Street, 20th Floor, New York, NY 10038

[X] Beneficial Owner

Full Name: Frontier Fund I Limited Partnership

Business or Residence Address: 525 N. Tryon Street, Suite 1706, Charlotte, NC 28202

[X] Director

Full Name: David B. Ragins

Business or Residence Address: 199 Water Street, 20th Floor, New York, NY 10038

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